## FILE NOW. FILING FEE IS \$61.25

**ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1998 8:00am

Secretary of State

Sandra & Mortham Ocoretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # N93000002241 (8)							
THE TIDES OWNERS ASSOCIATION, INC.							
Principal Plac	e of Business	Mailing Address	iling Address				
17495 FRONT BEACH RD PANAMA CITY BEACH FL 32413 US		17644 FRONT BEACH RD PANAMA CITY BEACH FL 32413 US			3. Date Incorporated or Qualified 05/13/1993		
}		00				4. FEI Number Applied I Not Appl	
2. Principal P	lace of Business	2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Addition	nal
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			<del></del> -	6. Election Campaign Financing \$5.00 May Be	
City & State	9	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip			Coun	try		Yes No     No     This corporation owes or has paid the current year Intangible	<del></del>
24	9. Name and Address of Current	Peoletered Acent	[30]			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	e, Italijo alite Addiesa di Cultoni	Hogisteres Agent		31 1	Vame	IV. Ramo and Address of New Hegistered Agent	
STEPHENS, LARRY W.			1	12 8	Street Addi	Iress (P.O. Box Number is Not Acceptable)	
17644 FRONT BEACH RD PANAMA CITY BEACH FL 32413			1	33	<u></u>		<del></del>
			1	84 City FL 85 Zip Code			
11. Pursuant office or r	to the provisions of Sections 617,0502 egistered agent, or both, in the State (	and 617.1508, Florida Statu of Florida, Such change was	ites, the abo	ove-n by th	amed corporat	poration submits this statement for the purpose of changing its registation's board ondirectors. I hereby accept the appointment as register	tered ered
		1	9		_	701.11 4 ~14.00	İ
	Signature typed ordinated name of registered agon			vogot s	ignature requir	ired when reinst (ing) DATE	
12.	OFFICERS AND	DIRECTORS	13.		Ð	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	ddition
TITLE			1.1 TITL 1.2 NAM			ENARD, CARL/TON	HODIGO
STREET ADDRESS	ROUTE 2, BOX 75				122	308 FRAIM DR.	
CITY-ST-ZIP	GRACEVILLE FL		1.4 CIT		I PF	ELL CITY, AL 35125	
TITLE	D	DELETE	2.1 TITLE		<u>"                                    </u>	☐ Change ☐ A	dditlon
NAME	<b>WEBB</b> , WILLIAM		2.2 NAME		Ì	·	
STREET ADDRESS	1204 LAURELWOOD		2.3 STREET ADDRESS		DRESS		
CITY-ST-ZIP	CHATTANOOGA TN		2.4 CIT	2. 4 CITY - ST-ZIP			
TITLE	STD	☐ DELETE 3.1		E		Change A	ddition
NAME	STEPHENS, TERESA		3.2 NAM				
STREET ADDRESS	17644 FRONT BEACH RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL	DELETE	3.4. CIT		ZIP	Change III	ddition
TITLE				4.1 TITLE		☐ Change ☐ A	ountion
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDI		DDCCC		
CITY-ST-ZIP			4.4 CiTY		- 1		
TITLE		DELETE	5.1 TITL		<del>"  -</del> -	Change A	ddition
NAME			- 1	5.2 NAME			
STREET ADDRESS			5.3 STRI	ET ADI	DRESS		
CITY-ST-ZIP	54		5.4 CITY	- ST-Z	IP		
TITLE			6.1 TITL	6.1 TITLE		Change A	ddition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRI				
OUT OF THE			E 4 CITY	CT 7	ю І		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.